

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 006489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/08/2012
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN 47006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on March 28, 2012.</p> <p>Survey date: May 8, 2012</p> <p>Facility number: 006489 Provider number: 006489 AIM number: NA</p> <p>Survey Team: Cheryl Fielden RN, TC Diana Sidell, RN</p> <p>Census bed type: Residential: 43 Total: 43</p> <p>Census payor type: Other: 43 Total: 43</p> <p>Sample: 5</p> <p>Chateau of Batesville was found to be in compliance with 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the State Residential Licensure Survey</p> <p>Quality Review 5/11/12 by Suzanne Williams, RN</p>	{R 000}			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE